STATE OF MARYLAND

Harriet A Hollie Sent 6-5 8148 Burney New 7 73 73 18 18 18 18 Manufant Line 19/02/25/28 STORM HILL FOR ST. MONTH ST. THAT WITH COMMEN Payland Howester Sumath 1 - 1 36 4 5 Martin St. Albert 2 Allen Flores Danne 219056721 - 13 he W. Nodellin Some Till Block THE PARTY OF THE PROPERTY OF THE PARTY OF TH Norman F. Dennis Some Hill H. C. San Carrelle C.

BP.

DHMH - 17 (VR A15 ME (5)) 30M 7/73

				ST	ATE OF N	ARYLAN	D	4.00					13 1	3
	FOR STATE			PARTMENT OF							0	7	7 6	4
	REGISTRAR		MEDI	CAL EXAMI	NER'S C	ERTIFIC	ATE O	FDEATH	H	REG. NO				
	EASED NAME	FIRST	٨	MIDDIE		LAST		2a.	DATE KNO		MONTH	DAY YE	EAR 2b. H	HOUR
(TYPE	OR PRINT)	Ivan	0		Brad	fond				STI-	6/1	1/81		: 3
SEX	14		DATE OF BIRTH	See Le	YEARS IF UN		IF UNDER 2			ALLO CE	MONTH	17		HOUR
. JLA		1	MONTH DOWN	1848 / AST BIRTH			HOURS		DNOUNCE	D	~ / 4			
	M	AA	ug. 10, 1		YRS.				DEAD		- / -	1/8,1		20
a. BJF	RTHPLACE (STAT	E OR 7b	CITIZEN OF WHA	I COUNTRY?	8. MARRI	ED K NEV	ER MARRIE	D 🗆 9. E	BALTIMORI	E CITY OI	COUNT	Y OF DEAT	Н	
87	riginila		U. J. A.		WIDOW		DIVORCE		Wod	Tes:	ter			MD
0. ÇI1	Y OR TOWN OF	F DEATH 11		TAL, NURSING HOA		ER INSTITUT	ION	12a. USUAL			OF WORK	26. KIND O		
Uc	cean (it	4	On board	TY GIVE STREET ADDRESS	Tolan) (at s	ea	POLIC	ter Ler	LIFE)		Sela	USTRY	
JSUA	L RESIDENCE (IF	IN NURSING HOME OR OT	-	1100	SSION	0	,	- 0001	0000			Jely	-40	
3g. ST	ATE	136 COUNTY		13c. CITY OR TOWN		136. INSIDE CIT	Y LIMITS?	130 STREET	ADDRESS	151	/			
_	minia	Accomac	k 1	hincotea	2110	YES X			COOL	JIN	eet			
4. FA	THER'S NAME	M	IDDLE	LAST		15. MOTHEI	R'S MAIDEN	NAME	MIDDLE			LAST		
	Will	ie E. B	radford				Julia	z Hea	ith					
	AS DECEASED I	EVER IN U.S. ARMED		166. SOCIAL SECUR		17. INFORM	ANT		A	DDRESS				
No		(11 123, 0112 117)	ON DATES,	177-30-67	103	Judi	th Bro	rdlora	, (hi	ricot	eanue	2 Vin	mini	a
	18. CAUSE OF	DEATH (Enter anly o	ne cause per line fa	r (a) (b) and (c))					, ,		-	APPROX	MATE INTER	
	PARTIDEAT	TH WAS CAUSED BY	r: Ma	yocardia	al In	farct	ion					BETWEEN	ONSET AND E	DEATH
	1610	IMMEDIATE C	AUSE (U)	S A CONSEQUENCE		1 41 0 0	1011				-			_
	Conditions	, if ony, which			E Or							11.5	min	
		to immediate	(b)	ASCVD								45	min	. •
	couse (o) st lying couse	toting the <u>under</u> -	DUE TO, OR AS	S A CONSEQUENCE	E OF									
	lying coose	1031.	(c)											
	PART 2 OTHER SIGN	IFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION	GIVEN IN PART	1 (a).						
Z														
ATIC	19a. DATE OF O	PERATION	19b. CONDITIC	N FOR WHICH OPE	ERATION W	AS PERFORA	AED?					20. AUTO	PSY?	_
FIC														927
CERTIFICATION	21a. EXTERNAL	CAUSEWAS	21b. TIME OF IN	JII IPV	21, 140	NA/ INTITION A	OCCUPATO	· ENITED LIVE	DE OF PURIOUS	NI WEAT TO T	DT 1 CO 5/-	YES	LJ NO	<u>E</u>
	UNDERLYING			MONTH DAY YE	AR ZIC. HC) YAULMI W	DCCURRED	(ENIER NATU	INE OF INJURY I	IN ITEM 18 PA	ART TOR PAR	(2)		
CA	CONTRIBUTING	G CAUSE OF DEA		19								000		
MEDICAL	21d. INJURY OC		21e. PLACE OF STREET, FACTOR	INJURY (AT HOME,		TREET		C	TY OR TOWN		cou	NTY	5	TATE
~	AT WORK	AT WORK		The water				CI	5 10 1114				3	
			(alexander)	badaha 199			Inspection	K]	. 8] .				
17		that I took charge of							nquiry K		in my opi	nion		
	deoth resulted	from: Natural c	auses A	ccident 🔲,	Suicide	, Homici	de 🔲 ′	Undeterm	ined manne	r 🔲,				
	ACTUAL		· Ala	7/2		TITLE (SP	,				DATE	C/11	101	
	SIGNATURE_	(0)	Mound	-une	num	MAN DEL	uty	MEDICA	LEXAMINE	R	SIGNED	6/11	\ Q T	
	EVAMINEDICAL	A 44E			The same of									
	(TYPE OR PRINT	AME Timoth	y E. Ba	inum M.J	D	ADDRES 1 E	th a	nd P	hil.	Ave	00	ean	City	1 ,
Ja.BL	IRIAL, CREMATIC	ON, REMOVAL 236.	DATE	23c. NAME OF C	EMETERY O	R CREMATO	RY	23d. LOCA	TION					
191	urial "		-15-81	Wachapr		Cemet		CITY OR TO	DWN	20110	COUNT	Y	STATE	
	INERAL DIRECTO		21		1.	2		C'D. BY REC		Sh. REGIS	TRARIS SE	CHAMBER OF	. A.	
Sa	tyen fur	reral Home	2, (hiereo	teague, V	irgin	ia	11 44	M 1 8	1991	Pick	distant.	School and SP	2007	
	U			0	9		JU	MATO	1301				/	

QQ6 L 1380

	I. DE	STATE REGISTRAR CEASED NAME FIRST OR PRINT)	MIDDLE	CERTIFICATE OF DEATH	REG. N	O. MONTH DAY YEAR 26 HOU
		INAKS	46116	CARMEL	(6-23-81 11.
	3. SE	FEMALE	WHITE	5. DATE OF BIRTH MONTH DAY YEAR 7 31 189	6. AGE (IN YEARS LAST BI	MONTHS DAYS HOURS
,9			b. CITIZEN OF WHAT COUNTRY? AMERICA	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH ESTER COUNTY
20	10. CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPAT	ION 12b. KIND OF BUSINE
10	11011	BERLIN	BERLIN NURSI		HOUSEW.	LE E INDUSTRY HON
BE	13a S		THER INSTITUTION GIVE RESIDENCE BEFORE		RTT. T ADDRESS	292-A-3
30	14. FA	THER'S NAME FIRST N	Barro	15. MOTHER'S MAIDEN	Th MIDDLE	Kennish
medico		VAS DECRASED EVER IN U.S. ARA YES, NO GRUNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SECUR WAR OR DATES) 262-22-		h G. Clendani	ESS Ones (
ry, as other traum	NO		(b) A CONSEQUENT (c) ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	IDITION GIVEN IN PART 1(a) 120b. IF YES, WERE FINDINGS USED
y inju	Ě		170. CONDITION FOR WHICH C	SPERATION WAS PERFORMED	Zua. AUTOPST:	IN CERTIFYING CAUSES OF DEAT
nows ony inin	RTIFICATION	190. DATE OF OPERATION			YES NO	YES NO
Sworks 7	AL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	п	Y YEAR	YES NO	
3 7	MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	1	Y YEAR 19 211. LOCATION		JRY IN ITEM 18 PART 1 OR PART 2)
shows 7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF ETIMER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this haspith sow the deceosed alive on obove, (I) (we) (did) (did not	H HOUR A.M. MONTH DA' P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA 51) ottended the deceased from 19	Y YEAR 19 211. LOCATION STREET , 19 , ond that in (my) (our) opin	CURRED (ENTER MATURE OF INJU	DWN COUNTY 5 . 19 , that (1) (vote and hour and from the causes sta
: If Item 21 is marked ar Item 18 shows		21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this haspith sow the deceased alive on some some some some some some some some	H HOUR A.M. MONTH DA' P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA 31) ottended the deceased from view the body after death.	Y YEAR 19 211. LOCATION STREET , 19	CURRED (ENTER NATURE OF INJU CITY OR TO ian deoth accurred on the d	OWN COUNTY S 19 , that (1) (v tote and hour and fram the causes sto
shows 7	MEDICAL	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK 220.1 certify that (I) (this haspith sow the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE	H HOUR A.M. MONTH DA' P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA DI) attended the deceased from view the body after death. WARREN M.D.	Y YEAR 19 211. LOCATION STREET , 19 , ond that in (my) (our) opin DEGREE ATTENDIN- PHYSICIAI 22e ADDRESS	CITY OR TO ian death accurred on the d MEDICAL STA DIRECTOR PHYSIC	OWN COUNTY S 19 , that (1) (v tote and hour and fram the causes sto

And the state of t

	1-	FOR STATE REGISTRAR			DEPARTMENT OF	HEALT	MARYLAND IH AND MENTAL H CERTIFICATE O		13	1 6	9 9	4
		CEASED NAME E OR PRINT)	Harris	McDowe	ell Cath	ell	LAST		20. DATE KNOWN COPE ESTI- DEATH MATED	6-6	DAY YEAR 19 8/	26. HOUR 4:00/
	3. SEX		White	5. DATE OF BIRTH	YEAR LASTBIRTH		UNDER 1 YR. IF UNDER	24 HRS.	2c. DATE PRONOUNCED DEAD	6-6	DAY YEAR 19 81	2d. HOUR 4:169
5	FO	RTHPLACE (STATE REIGN COUNTRY)		76. CITIZEN OF W	4	10000	RRIED X NEVER MARRI	ED 🗆	Woncester			MD.
0	10. CI	Berlin	DEATH		SPITAL, NURSING HOA ACTUR. GIVE SPREET ADDRESS PLP NO (10)		THER INSTITUTION		JAL OCCUPATION (TYP MOST OF WORKING LIFE) ONE WHEN	E OF WORK	26. KIND OF BU OR INDUSTI	SINESS
5	USUA 13a. S	TAPE	134 COUN.		13 BITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO	13 FSTR	iendship Ra	•		
38	14. FA	Lemuel	Cathe	WIDDLE	LAST		15. MOTHER'S MAIDE	Brit	tingham		LAST	
1	16a. V	VAS DECEASED EY es, no or unknown	VER IN U.S. ARA	AED FORCES? WAR OR DATES)	222-03-49		Mary 11. (rthe	ll Berlin			
	N	Canditians, gave rise cause (a) sta lying cause I	if any, which ta immediate iting the <u>under-</u> ast.	E CAUSE (a) DUE TO, OF (b) DUE TO, OF	Ny candial R AS A CONSEQUENCE S. (. V.D. R AS A CONSEQUENCE BUT HOT RELATED TO THE TE	OF OF	nction ASE OR COMOITION GIVEN IN PAGE	RT 1 (a).			1 hou	<i>r</i>
9	CERTIFICATION	19a. DATE OF OP	PERATION	196 COND	ITION FOR WHICH OPI	RATION	WAS PERFORMED?	Trin Tu			20. AUTOPSY?	NO [
3	MEDICAL CERT	21a. EXTERNAL C UNDERLYING CONTRIBUTING 21a. INJURY OCC WHILE AT WORK 22a. I certify the	OR CAUSE OF DURRED IOT WHILE TWORK	21e. PLACE STREET, FAC	A. MONTH DAY YE. A. 19 OF INJURY (ATHOME. LTORY, FARM, ETC.)	AR 21f. L	HOW INJURY OCCURRED OCATION STREET apsy, Inspection Hamicide,	, X ,	CITY OR TOWN	COURT OR PART 1 OR PART 1	NTY	STATE
2	0	ACTUAL SIGNATURE EXAMINER'S NA (TYPE OR PRINT)	ME	E. Baine	m E.Bam	ium	M.D. Deputy M.D. Deputy M.D. Deputy		ical examiner	DATE	6-6-81	
	(5	URIAL, CREMATIO		5-10-81	Surset		or CREMATORY rial Park	23d. LC	CATION ORTOWN CALIN WONG	ester	Ald.	ATE,

DHMH-17 Allrich Funeral Home Berlin, Md. (VR A15 ME (5)) 30M 7/73

JUN 1 5 1981

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executed within 24 hours ofter death.

injury, ar other traumotic event, the medical

STATE OF MARYLAND

1 -	FOR STATE REGISTRAR					EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	NO.)	9 5
	CEASED NAME OR PRINT)	Eva	Le	ele	Col	P	2a. DATE OF DEATH	6-26	YEAR 0-81	26 HOUR 30 PM
3. SE	FEMALE	4. F	RACE WHITE		Dec.	1892 1==05==1894		8 YRS		HOURS MIN.
M	RTHPLACE (STATE OR COUNTRY) aryland ITY OR TOWN OF DE.		US NAME OF H	OSPITAL, NURSIN		V	12a USUAL OCCUPA	ESTER (COUNT	Y MD.
		SING HOME OR OTH	BERLI	N NURSI	NG H	OME	HOUSEWI		INDUSTRY	_
Ма	ryland	WORCE		SOW HIL		13d. INSIDE CITY LIMITS? YES NO X	RT.3, B	XO 103	, S.H	.,MD.
	ISAAC	J		BOWEN		15 MOTHER'S MAIDEN NAMERST PRISCILL	A		PRUI	
	VAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES, GIVE W.		224-92-		Emily Shar	Bôx pley Gre		ville	23356 . Va.
	18 CAUSE OF DEAT PART I. DEATH V Conditions, if only gove rise to im- couse (o), static underlying couse	VAS CAUSED B IMMEDIATE C , which mediate ng the	Y: AUSE (o) DUE TO, OR	AS A CONSEQUE	NGE OF	ent Jacken			BETWEEN C	MATE INTERVAL INSET AND DEATH
CERTIFICATION	PART 2. OTHER SIG					NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	VERE FINDIN	IGS USED
MEDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF DEATH	P.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN.	JURY IN ITEM 18 PART) OR PART 2)	
MED	21d INJURY OCCUR	HILE 🗍	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	21f. LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
	22a. I certify that (1) saw the decease above, (1) (we) (ed olive on		19		d that in (my) (our) opinion o	to, to	date and hour o		that (1) (we) lost couses stoted
	22h Skirmaturje	usi ly	arre			DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	22c. DATE	SIGNED

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal. IMPORTANT: If them 21 is marked ar them 18 shaws any TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

DHMH-16 30M 2/80 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL (SPECIEV) BUrial 23b. DATE 6/29/81 rial

23c NAME OF CEMETERY OR CREMATORY Perryhawkin Cem

23d. LOCATION

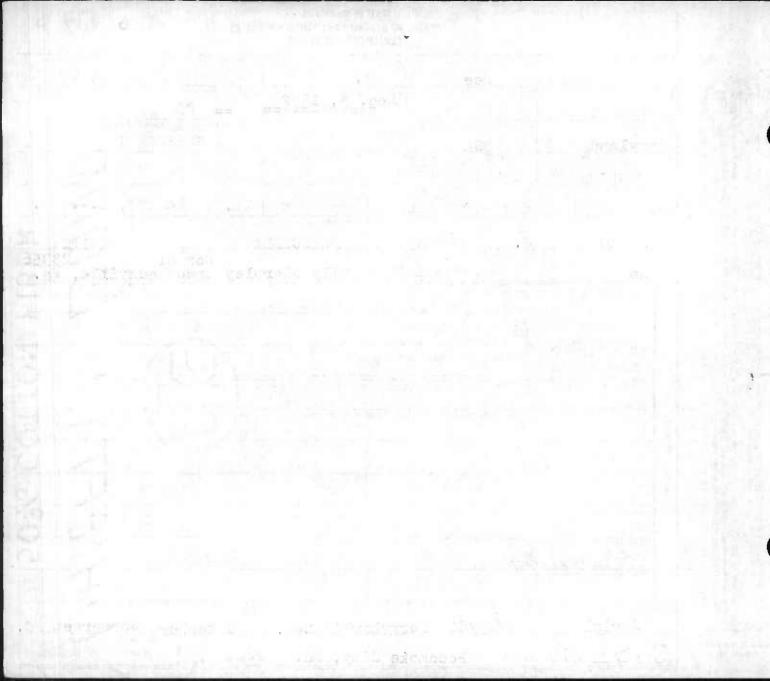
Somserset Md. Cokeshiry Somserse

ZSB DATE REC'D. BY REGISTRAR ZSB. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

Pocomoke City, Md

MAAN



1.	FOR = STATE REGISTRAR	DEPARTMENT OF HEA	OF MARYLAND ALTH AND MENTAL HYGIENE 'S CERTIFICATE OF DEATH	1 6 REG. NO.	996			
	PECEASED NAME FIRST YPE OR PRINT) Sarah	Elizabeth		ATE KNOWN MONTH OF ESTI- ATH MATED (DAY YEAR 26. HOUR			
	F Black	MONTH DAY YEAR LAST BIRTHDAY) 1 7 95 86 YRS.	MONTHS DAYS HOURS MIN. PROP	DATE MONTH	5 19 81 8A M			
16	BIRTHPLACE (STATE OR FOREIGN COUNTRY) USA Md.	USA	DOWED DIVORCED	Worcester	NTY OF DEATH			
0	Berlin	II. NAME OF HOSPITAL, NURSING HOME, OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Rt. 2, Box 301	Rt. 2, Box 301 FOR MOST OF WORKING LIFE) HOUSewife					
5 130.	STATE 1136 COUN	or other institution, give residence before admission) TY 136. CITY OR TOWN Berlin	13d. INSIDE (ITY LIMITS? 13e. STREET AI YES NO X Rt. 2	DDRESS Box 301				
SC	Jefferson	Stanley	15 MOTHER'S MAIDEN NAME FRST Ida	MIDDLE	Brown			
160	(YES, NO. OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES) Unknown	Phyllis Tingle,	P. O. Box 1	121 Berlin, Mo			
ON, OK KEMOVAL.	PART I DEATH WAS CAUSED		ESPIRATORY NESS	ATION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
IAND, 21201 PRIOR TO BURIAL, CREMATION, OR R		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OF THE PERMINAL OF T	INANITION		20 AUTOPSY? YES □ NOSS			
MEDICAL CERT		DEATH P.M. 19	1c. HOW INJURY OCCURRED (ENTER NATURE	OF INJURY IN ITEM 18 PART 1 OR F				
MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (ATHOME, 21 STREET, FACTORY, FARM, ETC.)	f. LOCATION STREET CITY (OR TOWN C	OUNTY STATE			
2	220. I certify that I took charg death resulted from: Nature ACTUAL SIGNATURE	al causes A. Accident , Suicide	Hamicide Undetermine TITLE (SPECIFY) M.D. DEPUTY MEDICALE	DATE				
BALTIMORE, MARYLAND	BURIAL, CREMATION, REMOVAL 2	thy C. Holzwroth, M 3b. DATE 23c. NAME OF CEMETE		ON	Hill, Md.			
	Burial	6-11-81 Evergree	n Cemetery Ber	N CO				

de reference de d allaster Linear - Reservoir Contract Description Millian and Markey are sensely di elizare mandi de, i primerilli, e 1707, bi.

	1 -	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 REG. NO.	6 9	9 7
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
4 50	1,,,,,		rence E.	Duncan	June 14.	1981	٨
	3 SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
M)		male	white	July 28. 1889	91 Y	RS.	Mile.
92		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH	4 72 4 7
		irginia	USA	WIDOWED DIVORCED	Worcester		ME
1 190	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	AG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
S Hed	I	ocomoke	Hartley Ha	11 Nursing Home	retired car		an
hour din	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e. STREET ADDRESS		
filled ould b			ester Pocomo			Street	
2 sh	14 FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAS	ST.
Plane de la composition della		William	B. Dunca				vlor
d co d co icol		VAS DECEASED EVER IN U.S. AF		JRITY NO. 17. INFORMANT	605 Warke		
n and co		no	216-01-	8649 Mary Dunca		City. M	arvland
sicro pers of.		18. CAUSE OF DEATH (Enter or	nly one couse per line for (p), (b), on				MATE INTERVAL ONSET AND DEATH
phy npa mov	-0	PART I. DEATH WAS CAUSE	TE CAUSE (0) Fully	monary Edan	UR	Ho	euro
ding arbo ar re	35	4299	DUE TO, OR AS A CONSEQU	ENCE OF	2		
otten ove c ijan,	813	Conditions, if ony, which	(b) arle	costlesox10 6	advollage	allery	11111
the cremo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF	110000	1	
by the	-	underlying couse lost.	(c)	U	Louis de la constante de la co		
gned n plec buriol ry, or	30	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 1	a)
Then part to bu	ō	cerebraf a	Westorleson	0		1.00	
s been prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. 1 IN CI	FYES, WERE FINDI	OF DEATH?
ronsit per Hygiene 18 shows	RTE				YES NO	YES 🗌	NO 🗌
I-tron of Hyg		71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEA	M 18, PART 1 OR PART 2)	
certification of the sent of t	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19			
व र के इ	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
After the as the alth and marked	4	AT WORK AT WORK					
R: A: A: Vise of Health			Tol) ottended the deceased from		to June 14	1981	that (1) (we) lost
Spito CTO I for of h			ot) view the body ofter deoth.	ond that in (my) (our) apinion	death occurred on the date and	hour and from the	couses stoted
ched ched Dept.		226 SIGNATURE	11/1. 1	DEGREE	AND CALE	22c. DATE	SIGNED (/ 1
SAL Didetor		Charle.	ow was		DIRECTOR PHYSICIAN	6-1	6-81
ould be define the Stote		22d. PHYSICIAN'S NAME (TYPE		22e. ADDRESS			
POR H		Charles W.	Trader, M.D.	Pocomok	e Citky, Mar	vland 2	1851

23c. NAME OF CEMETERY OR CREMATORY

Pocomoke City, Md.

23d. LOCATION

Pocomoke Worcesternind

DHMH- 16 30M 2/80 (VRA 15, 4)

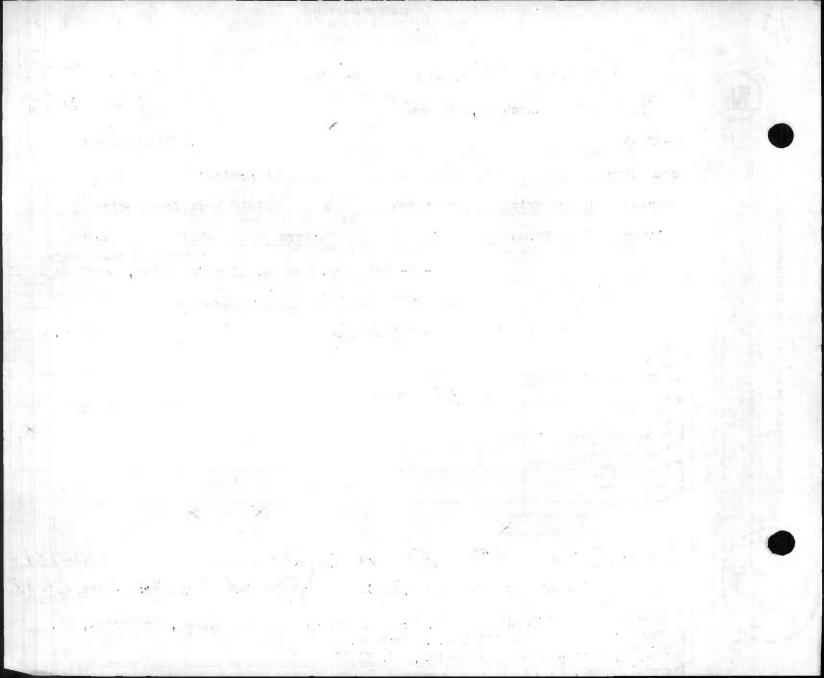
23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

236. DATE

and the second s ta Aveil | Compared to the Compar

6	ECESSA B	UNERAPP	FOR MA	2 MHIIM	PRES MUR	,
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	O MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSAME	kecute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Puneral	AGE 4 SHOUID BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE	O FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 20	FTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTAC	The state of the s

1.	FOR STATE		DEPARTMENT OF HEA			6 9 9 8
	REGISTRAR CEASED NAME A FIRST	M	EDICAL EXAMINER	'S CERTIFICATE (REG. 140.	MONTH DAY YEAR 76 HC
	Charle Charle	es 7	Thomas	Kina	20. DATE KNOWN DEATH MATED	6/22 1981 8
3. SE		5. DATE OF BIRTI	H 6. AGE (IN YEARS	IF UNDER 1 YR IF UNDER	R 24 HRS. 2c. DATE	MONTH DAY YEAR 2d. HO
	MW	March 1	6.1910 XXXX YRS.	MONTHS DATS HOURS	DEAD	6/22 ,81 99
FC	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARI		COUNTY OF DEATH
	aryland ITY OR TOWN OF DEATH		OSPITAL, NURSING HOME, OF	DOWED DIVOR	12a. USUAL OCCUPATION (TYPE C	OF WORK 12b. KIND OF BUSINESS
Oc	ean City	(IF NOT IN SUCH	FACILITY GIVE STREET ADDRESS)	ondo	FOR MOST OF WORKING LIFE) Retired	OR INDUSTRY
		E OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?		
_		ederick	Frederick	YES NO	1 2 0 2 0 11 0 2 0 0	k Drive
	ATHER'S NAME Oliver	Thomas	King	15. MOTHER'S MAID Kathryn	Alice	Corun
16a. \	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURITY NO			ck Creek Drive
()	NO (1F YES, GI	VE WAR OR DATES)	578-05-915	2 Mrs. Ruth	D. King Frederi	
	18. CAUSE OF DEATH (Enter of	only one cause per li		11 /	0 11	APPROXIMATE INTERV BETWEEN ONSET AND D
	PART I DEATH WAS CAUS	ATE CAUSE (o)	Myocare	lial Int	faretion	
	Conditions, if ony, which		OR AS A CONSEQUENCE OF	VD		1 / /-
'n	gave rise to immedia couse (o) stoting the unde	te (b)	OR AS A CONSEQUENCE OF			/ /// •
	lying cause last.	(c)				
	PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TERMINAL	OISEASE OR CONDITION GIVEN IN P	ART 1 (a).	
OF	19g, DATE OF OPERATION	To the second	7	25		
CERTIFICATION	198. DATE OF OPERATION	IVB. CONL	DITION FOR WHICH OPERATION	ON WAS PERFORMED?		20. AUTOPSY?
ERT	21a. EXTERNAL CAUSE WAS		OF INJURY 2	Tr. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PA	
	UNDERLYING OR CONTRIBUTING CAUSE O		.M. MONTH DAY YEAR			
MEDICAL	21d. INJURY OCCURRED		E OF INJURY (AT HOME, 2	If. LOCATION STREET	CITY OR TOWN	COUNTY ST.
-	WHILE NOT WHILE AT WORK					
	220. I certify that I taok cha	rge of the remains d	escribed above, held on	Autapsy , Inspection	an 📈 , Inquiry 📈 , and	in my apinian
	death resulted from: No	turol couses 🔼 ,	Accident L. Suicide	The second distriction of the second	Undetermined monner	1
	ACTUAL SIGNATURE	emold	In El Daure	Deput	/ MEDICAL EVALUEDED	DATE 6/22/8
		11 -	D	WW.	MEDICAL EXAMINER	SIGNED DI
	(TYPE OR PRINT)	othy E.	Dainum Mil	ADDRESS 16	St. and Phila. H	ve. Ocean City,
23a.8	URIAL, CREMATION, REMOVAL		23c. NAME OF CEMETE		23d. LOCATION CITY OR TOWN	COUNTY STATE
74. F	Burial	6/25/81	St. Lukes	24	Feagaville Fi	rederick, Md.
1	bert E. Bailey	The state of the s	201 N. Market rederick. Md.	St.	177 6 1981 A	
		.A.	Tedel ICK, Md.	ATIOT 1		



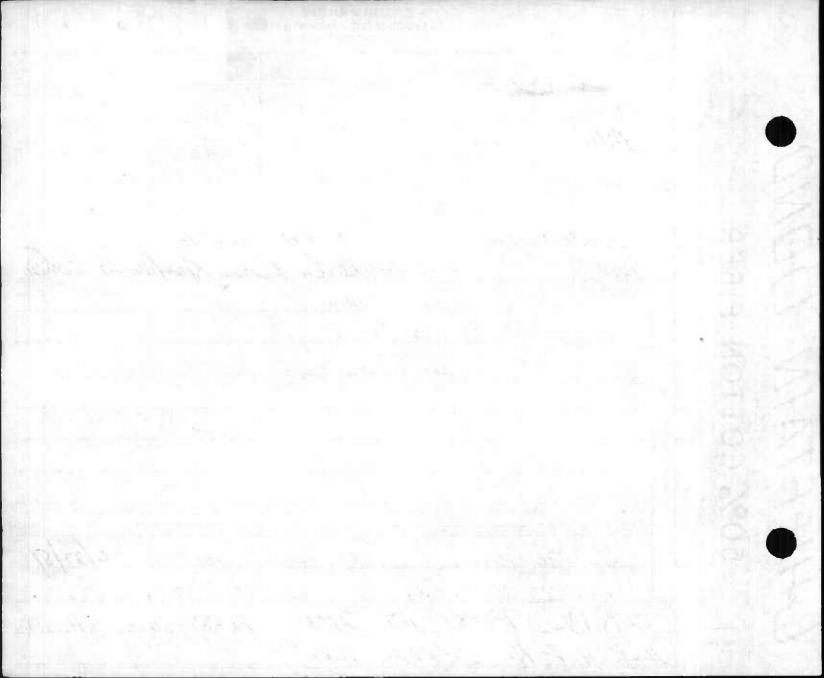
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

retained by the haspital or attending physician.

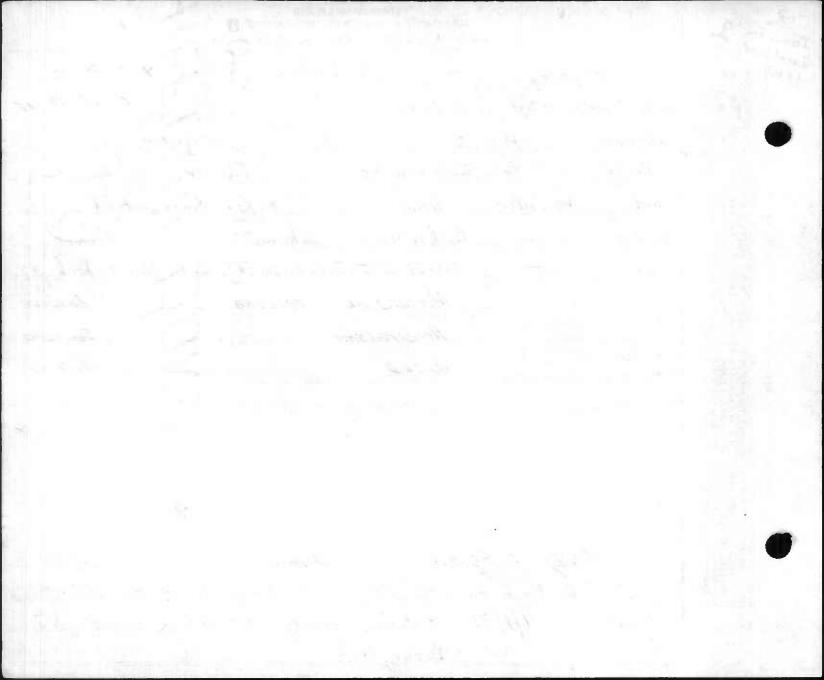
DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral ushould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 having the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1.	FOR STATE REGISTRAR	DEPARTM	NENT OF H	E OF MARYL EALTH AND ICATE OF	MENTAL HYG	IENE 8	1 6 9	9 9
		CEASED NAME FIRST	WIDDIE	L	AST		20 DATE OF DEATH	MONTH DAY YEAR	R 2b. HOUR
		MITCHEL	L. ELIZABETH.	SAR	АН			Ø-27-81	12; 1,5
1	3. SE	X		S. DATE C		YEAR	6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YE	
1		FEMALE	BLACK	9	27	1906	74	YRS.	ITS HOURS MIN.
900		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	B. MARDIE	NEVER	MARRIED T	9. BALTIMORE CITY C	OR COUNTY OF DEATH	
155		IND.	AMERICA	WIDOWE	D D	VORCED	WORCEST	TER COUNTY	MD.
O Johnson	10. C	BERLIN	11. NAME OF HOSPITAL, NURSING	ADDRESS)		TITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIF	OF WORKING LIFE) INDUST	D OF BUSINESS OR
3	M	ARYLAND QU	OTHER INSTITUTION, GIVE RESIDENCE BEFORE UTY 13t. CHTY OR TOWN JEENANNE CENTE	ADMISSION) RVIL	13d. INSIDE (NO 🗌		nmerce St.	.,
1002C		ATHER'S NAME FIRST UNKN	MIDDLE LAST		E7	S MAIDEN NAM	SMITH		LAST
2		WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SECUI SE WAR OR DATES) 3/8-05-	1329	Box 6	m Ve	essing / fu	March	Bos Gij
njury, or other traumotic e	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF ILLES	en!	O TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PAR	T I(o)
shows ony	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH (OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	
em 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	21c. HOW IN	IJURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1 OR PART	2)
rked or h	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATI	NO	CITY OR TO	OWN COUNTY	STATE
tem 21 is ma		sow the deceased alive on	tol) attended the deceased from		d that in (my)	, 19 (our) opinion o	, to leath accurred on the d	ate and hour and from	_, that (I) (we) lost the couses stated
ANT.		224 PHYSICIAN'S NAME ITHE	Wassen.		M B		MEDICAL STA	FF CIAN C	127/81
IMPORTANT	22- 1		S WARREN, M.D.				URSING HO	OME, BERLI	IN, MD.
_		BURIAL CREMATION REMOVAL	7-3-81	MT C	2/0	U	BURRIS	VILLE, G	PA. MP.
30	V	LLPRICH F.	H. BERL	IV,	MI), JULAII	REGISTRAN	Sh REGISTR R'S SIGN	arcten



-3		1	-r.	ST	ATE OF MARYLAND		12 14 14
9	6.3		FOR STATE	DEPARTMENT O	FHEALTH AND MENTAL HYGIE	INE /	UUU
Ticm!	Am be		REGISTRAR	MEDICAL EXAMI	NER'S CERTIFICATE OF DE	ATH BEG NO	
11	OM/C		EASED NAME FIRST	MIDDLE	LAST	REG. 110.	
funcia	Non-Mari		OR PRINT)	111001	0	20. DATE KNOWN MONTH	DAY YEAR 26. HOUR
ale KI	南京公路 户		Hryhorn	_	Proskurnia	DEATH MATED	25 19 81 M
./10	DHESS /	3. SEX	4. RACE S. DATE C	F BIRTH 6. AGE (IN	YEARS IF UNDER 1 YR. JE UNDER 24 HR	S. 2c. DATE MONTH	DAY YEAR 24 HOUR
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	\$ 90 Mill 1		ale (uncasian Sept	28 1898 82	YRS.	DEAD 6	1981 1PM
	NSCHOOL ST		THPLACE (STATE OR 76. CITIZE	N OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
	SAS SA	1	kraine V U.	SSR	WIDOWED K DIVORCED	Margartara	
	ZI YOS	10 CT		OF HOSPITAL, NURSING HO		USUAL OCCUPATION (TYPE OF WORK	MD. 12b. KIND OF BUSINESS
	SHAPE ON		1 IF NOT	IN SUCH FACILITY, GIVE STREET ADDRESS	WE, OR OTHER HASHIOTION	DR MOST OF WORKING LIFE)	OR INDUSTRY
	500 M W		Berlin Rt	2 Sinepuxent	Rd F	armer	Pariculture
	full out the chi the	USUA	RESIDENCE (IF IN NURSING HOME OR OTHER INST	TUTION, GIVE RESIDENCE BEFORE ADMI	SION)		7
21201	2963W	13a. S1		13c. CITY OR TOWN		TREET ADDRESS	2./
1				Berlin	YES NO NO R	12 Sinepullent 1	a
. Q	I CONTRACTOR	14. FA	THER'S NAME FIRST MIDDLE	1.07	15. MOTHER'S MAIDEN NA	ME MIDDLE	
	ANGZ >	160	rokip -	Prosturni	" 111.	MIDDLE	/ LAST
Ö			AS DECEASED EVER IN U.S. ARMED FORC			ADDRESS	hknown
BALTIMORE	JRS AFTER DE 3. GIVE PAGE WITH FORM I. PAGES I DIVISION OF	(YE	S, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATE:	5)		ADDRESS	1567
~	A > H S IS		IVc -	088-26-2	095 Iwan Sarancza	3 Samuel Slace L	in brock IVY
	URS WIT DIV		18 CAUSE OF DEATH (Enter only one caus	per line for (a) (b) and (c)		/ / /	APPROXIMATE INTERVAL
ST	EM 18. NG W NG W ERMIT. ENE, D		PART DEATH WAS CAUSED BY:	10			BETWEEN ONSET AND DEATH
Z	VAL VAL		IMMEDIATE CAUSE (5	PAMEDIATE
PRESTON ST				TO, OR AS A CONSEQUENC	E OF		
OK OK	MITHIN NCIL IN INER A RANSIT ITAL HY R REMO		Canditians, if any, which	Hyperon	EN Sient		Con verner
×	MIN MIN OR INTERNATION		gove rise to immediate (cause (a) stating the under-	TO, OR AS A CONSEQUENC			VEV. YEHO
2017		2	lying couse last.	. TO, OR AS A CONSEQUENC	: OF		
	XECUTE NG" IN CAL EX BURIAL AND A			15 CV Z			EV. YEARS
SO	A PEAGE		PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH RUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).		
Ö	D BE EXE FENDING MEDICA AS A BI CREMA	Z					
RECORDS	JLD BE EXECUTED F. PENDING: IN F. F. MEDICAL EXA ED AS A BURIAL HEALTH AND MI IL, CREMATION,	Ĭ	190. DATE OF OPERATION 19h	CONDITION FOR WHICH OP	DATION WAS DEDEODUEDS		
7	CATE SHOULD HE WORD "PE THE CHIEF A ULD BE USED, MANT OF HE X TO BURIAL,	CERTIFICATION	TAL DATE OF OFERANOR	CONDITION FOR WHICH OF	ERATION WAS PERFORMED?		20 AUTOPSY?
É	X8255	=					YES NO NO
-	ATE SE WOOD THE COMMENT OF BEING	X		TIME OF INJURY	21c HOW INJURY OCCURRED (ENT	ER NATURE OF INJURY IN ITEM 18 PART 1 OR PART	
2	SHOW THE SHAPE OF			OUR A.M. MONTH DAY YE	AR		
ō	ERTIFICATE VING THE V ED TO THE 3 SHOULD SEPARTMEI PRIOR TO	Ž.	CONTRIBUTING CAUSE OF DEATH	P.M. 19			
DIVISION OF VITAL	ARITIN ARDED AGE 3 S ATE DEP	MEDICAL	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, TREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN COUR	NTY STATE
۵	IIS CHARDE ARDE GE 3 201	2	WHILE NOT WHILE SAT WORK		one.	CITY OR TOWN COUR	ALL STATE
	2128		AT WORK				
	AINER: FICATE FICATE FOR THE S		22a. I certify that I took charge of the ren	noins described above, held on	Autapsy Inspection	Inquiry , and in my opin	nian
	MIN FIELD FI		death resulted fram: Natural causes	Accident .	buicide . Hamicide . Und	letermined manner	
	EXAM CERTI JLD B DIRE WARY			1			
	50255		ACTUAL North	22. 1	TITLE (SPECIFY)	DATE	1.1.
	CAL EXATHE CER SHOULD FRAL DIR SATH, WI		SIGNATURE OUT OF	Myuma	M.D. DEPATY MI	EDICAL EXAMINER SIGNED	6/29/81
	DE 4 M G 6		EXAMINER'S NAME				,
	¥SHZEE		(TYPE OR PRINT) Dorothy C	Helzworth 1	10 ADDRESS 309 Timms	ns St Sow Hill	Md 21863
	TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH WITH BALTIMORE, MARYLU	23o. BI	RIAL, CREMATION, REMOVAL 236, DATE				
		(5	(7)			LOCATION TY OR TOWN COUNT	TY STATE
	BP		Juria ///	181 St and	rews Cemetery 5.	Bound Brook Somers	
	DHMH - 17	24 FU	NERAL DIRECTOR	ADDRESON 20 1.	259 DATE REC'D.	BY REGISTRAR 256. REGISTRAR'S SK	GNATURE
	(VR A) 5 ME (5))	1	ma 14 12 k	Wy Rovins	MY 701	2 1981 Junger	7/19 Cando
	15M 2/80		PI-0 B	- FEINN	, , , , , , , , , , , , , , , , , , , ,	in tadi a	
			BURB	HGA.	****		The Harman



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the busial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled within 772 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the haspital or attending physician.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other troumotic event, the medical

executed within 24 hours ofter death. Page 4 may be

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE ?
STATE	
REGISTRAR	CERTIFICATE OF DEATH

EP	ARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE ?				
	CE	RTI	FICATE	OF	DEATH	-				

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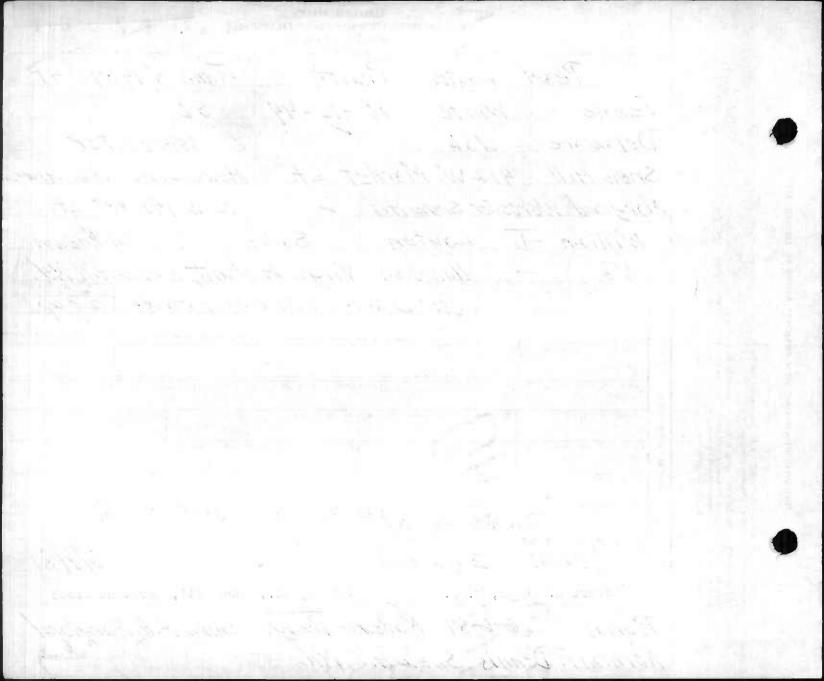
- STATE REGISTRAR	CERTIFICATE OF DEATH	RTIFICATE OF DEATH REG. NO.						
1. DECEASED NAME (TYPE OR PRINT) Pearl L:	auton Pruitt	20. DATE OF DEATH MONTH DAY YEAR 126 HOUR AMONE 5. 1981 4P M						
Female Wh	5. DATE OF BIRTH MONTH DAY YEAR YEAR YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN						
70. BIRTHPLACE STATE OR FOREIGN 71. CITIZEN OF 10. CITY OR TOWN OF DEATH 11. NAME OF	MARRIED NEVER MARRIED WIDOWED DIVORCED HOSPITAL, NURSING HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUNTY OF DEATH Warcester MD.						
Show Hill GAT S	CH FACILITY GIVE STREET DORESS / STREET OF STR	170 USUAL OCCUPATION (TYPEOTWORK FOR MOST OF WORKING LIFE) HOUSCULTE HOUSE						
Maryland Worcester	Show HI YES NO	4/2 W. Market St.						
WIIII3M	Layton 15. MOTHER'S MAIDEN NA	e Unknown						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? [YES, NO OR UNKNOWN] (IF YES, GIVE WAR OR DATES)	Unknown Virgil H.	ADDRESS POUT S NOW APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
Conditions, if any, which gave rise to immediate couse 101, stating the underlying couse last. (b)	OR AS A CONSEQUENCE OF	DINC FAILVEL 2 days						
PART 2. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	200. AUTOPSY? ZOB. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?						
OR CONTRIBUTING CAUSE OF DEATH HOUR A	DF INJURY .M. MONTH DAY YEAR .M. 19	YES NO YES NO RED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)						
21d. INJURY OCCURRED WHILE AT WORK AT WORK (AT HOME, SI	OF INJURY (REET, FACTORY, OFFICE, FARM, ETC.) 71! LOCATION STREET	CITY OR TOWN COUNTY STATE						
22a. I certify that (1) (this hospital) attended to sow the deceased alive an above (1) (we) (did) (did not) view the body (1) SIGN of URE	y other death. DEGREE	death occurred an the date and hour and from the causes stated MEDICAL STAFF DIRECTOR PHYSICIAN						
Robert C. LaMar, M	1. D. 104 Bay St.,	Snow Hill, Maryland 21863						
230. BURIAL, CREMATION, REMOVAL 236. DATE	23c. NAME OF CEMETERY OF CREATER	23d. LOCATION CITY OR TOWN / COUNTY STATE						

DHMH-16 60M 1/73

(VRA 15(4))

24. FUNERAL DIRECTOR
NORMAL

Makemir Freshy, Snow Hill. Mary



1 DECEASED NAME 20. DATE/OF DEATH MONTH 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR COUNTY OF DEATH (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? NO 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OF TOWN (AT HOME, STREET, FACTORY OFFICE FARM ETC.) STREET AT WORK AT WORK 220.1 certify that Othis haspital deceased from. (our) opinion death occurred on the date and hour and from the causes stated and that in DEGREE MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS ld b

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

CERTIFICATE OF DEATH

reen Cemetery

7h HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER 1 YEAR

20b. IF YES, WERE FINDINGS USED

COUNTY

226 DATE SIGNED

STATE

YES T

IN CERTIFYING CAUSES OF DEATH?

BP.

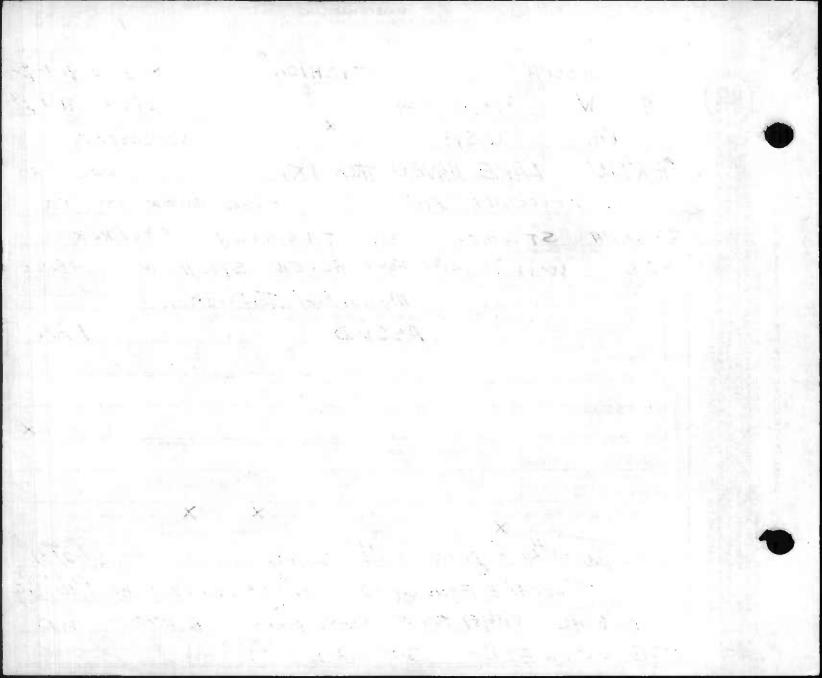
DHMH - 16 50M 1/81 (VRA 15, 4)

remarke Generally Ass. 15 1984 Off Actual U.S.A. x Worker to real We also with the series with the Some Enditioning Inst. - Profit C to 15 half to 2 2 2 1/10/2 Elling Burial bist the green Comits their liverities of the

BP.

DHMH - 17 (VR A15 ME (5)) 30M 7/73

-					SIAIEO	FMARYLAND	Street Section		1 -7	0 0	. 7
	1-	FOR STATE REGISTRAR			RTMENT OF HEAL EXAMINER			TH REG.	NO.	UU	3
		CEASED NAME E OR PRINT)	SEPH	WIDDLE		TICH!		20. DATE KNOWN OF ESTI- DEATH MATED	MONTH D	2 19 81	26. HOUR
	3. SEX	M 4. RACE	S DA	TE OF BIRTH	6. AGE (IN YEARS II LAST BIRTHDAY) N	ONTHS DAYS HO		2c. DATE PRONOUNCED DEAD	6/12	19 81	2d. HOUR
5	FOI	RTHPLACE (STATE OR REIGN COUNTRY)		ITIZEN OF WHAT CO). WID		MARRIED	9. BALTIMORE CITY	rcesta	2r	MD.
0	B	ERLIN	4	THE H	NURSING HOME, OR WESTREET ADDRESS!	MAR PA		AL OCCUPATION (1 NOST OF WORKING LIFE)	TYPE OF WORK 126.	OR INDUSTR	POPD
5	13a S	mp	. COUNTY	ESTER 13c. C	BERLIOL	YES - 1	IMITS? 13e. STRE		N TR	c. P.	1/1
Ó	G	THER'S NAME FIRST OSEPH	ST.	ICHICN	SR.	TA	MAIDEN NAME CIANA	MIDDLE S	YCER	EK	
1	160. W	VAS DECEASED EVER IN ES, NO, OR UNKNOWN) (IF	U.S. ARMED F YES, GIVE WAR OR	0.4700)	1801 686	HELL HELL	EN S	TICITIE	ss ~	AB	CUE
	NOI	Canditians, if any gave rise ta im cause (a) stating the lying cause last. PART 2 OTHER SIGNIFICANT CO	, which mediate e under-	DUE TO, OR AS A C (b) DUE TO, OR AS A C (c) SUTING TO GEATH BUT NOT	ASC ONSEQUENCE OF	SEASE OR CONDITION GIV		arction		16	(•
2	CERTIFICATION	190. DATE OF OPERATION	NC	196. CONDITION FO	OR WHICH OPERATION	N WAS PERFORME	D?		2	YES .	мо.Ж
3	MEDICAL CER	216. EXTERNAL CAUSE UNDERLYING OR CONTRIBUTING CAI	USE OF DEATH		ITH DAY YEAR		CCURRED (ENTER N	NATURE OF INJURY IN ITEM	18 PART T OR PART 2)		MD. BUSINESS STRY ROPD ATE INTERVAL SET AND DEATH
	MED	21d. INJURY OCCURRED WHILE NOT WH AT WORK AT WOR	HILE	21e. PLACE OF INJU STREET, FACTORY, FAR		STREET		CITY OR TOWN	COUNTY		
2		220. I certify that I to: death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Natural cau	se remains described in sees A. Accidental A		Hamicide Hamicide Hamicide Hamicide Hamicide Hamicide	CIFY)	Inquiry X, ermined manner C	DATE SIGNED.	6/12/ Occi	181 nd. Cita
	23a.Bl	URIAL CREMATION, REM PECIFY) BURIA	OVAL 236. DA	16/8/2	SPORED	Y OR CREMATORY	75- 23d. LO	CATION OR TOWN	COUNTY	M ST/	ATE O
	24. FL	INERAL DIRECTOR	NNE	ADDRESS	300	MACH	DATE DECID, BY	REGISTRAR 25b. RE	GISTRAR'S SIGN	A S C	dy



DHMH - 16 50M 7/77 (VR A 15 (4))

FOR - STATE

1. DECEASED NAME

REGISTRAR

24. FUNERAL DIRECTOR
NAME
Anatomy Board

FIRST

MIDDLE

			CEASED NAME FIRST		MIDDLE	LA	ST		2a DATE OF DE	ATH MONTH	DAY YE	AR 2b. HOU
george 3			Donis	5	m.	- (WALL	13		6	14	51 H
1	1	3 SE		4 RACE		5. DATE O		YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I	YEAR IF UNDER
			Female	Wr	1. 12.	8	9	14	6	O YR		1,000
19.5			RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	8 A DD4E C	□ NEVER	AARRIED []	9. BALTIMORE	CITY OR COUN	NTY OF DEAT	Н
	5	C	md.	U.S	SA	WIDOWE		VORCED [war	15/29		
24 4		10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSI	NG HOME O			120. USUAL OC			ND OF BUSINE
by th	0	5	oca Will	A DCC	CH FACILITY, GIVE STREE	1005	9		(TYPE OF WORK FO	HOST OF WORKING	G LIFE) INDUS	IRY
in the			L RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION	N. GIVE RESIDENCE BEFO	RE ADMISSION)			- CCCC	A C S S		
filled ould b	3	130 3	TATE	ner sat	131 CITY OR TOV	VN Once	13d. INSIDE C	NO [13 STREET AD		169	
sh sh		14. FA	THER'S NAME	10123	111111111111111111111111111111111111111	2 -1 -1 -0		S MAIDEN NAM	WE			
and ond	10	F	enry	WIDDLE	O'Meara		Flor	ence	٨	NIDDLE	Walke	LAST
0 - 1 - 0	-	_	AS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SEC		17 INFORMA			ADDRESS D+		Box 2
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cion ers. P	Ø	=					PIL S	. Stal	itey bo	Allian I		
hysic pope ovol			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause pe ED BY:	r line far (a), (b), ai	nd (c).)	, 4		1	,	BETY	PROXIMATE INTER
a pl			IMMEDIA	TE CAUSE (a)	Cardio-	- Map	maley	1 CHE	he cea	sell	See	mediate
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ve con,	-1		Canditions, if any, which	(,b)			0					
mon mot			gave rise to immediate) (5)_					1000			
se re	- 1		cause (a), stating the underlying cause last.	DUE TO, C	DR AS A CONSEQU	JENCE OF					-	
ed b				(c)								
fhen to bu	50	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUTT	NOT RELATEL	TO THE TERM	INAL DISEASE C	K CONDITION	GIVEN IN PAI	(1 1(a)
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Hy Hy	91	-	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		.M. MONTH D	AY YEAR	ZIc. HOW IN	IJURY OCCURR	RED (ENTER NATUR	OF INJURY IN ITEM	18, PART 1 OR PAR	Τ 2)
ding pl s certif burial-t Mental or Item	71	CAI	(IF EITHER, NOTIFY MEDICAL EXAMINES		.M.	19		1181-1	0.1356	10.51		7
6 4 . 7	1	MEDICAL	21d. INJURY OCCURRED		OF INJURY	EARM FIC)	211 LOCATIO	NC	CI	TY OR TOWN	COUNTY	51.
s the		2	WHILE NOT WHILE AT WORK	(Al Home, of	TELT, FACTORY, OTTICE,	TARM, CTC.)						
Se o			22a. I certify that # (this hosp	ital) attended t		3-4	,	. 19 81		- 14	19_87	, that (I) (*
TOR For U			saw the deceased alive a	6-	12 19	21 . an	d that in (my)	(a) opinion o	death accurred a	n the date and	haur and fram	
REC ed f pt. c			abave, (1) (and) (did) (did) 22b. SIGNATURE	view the bady	y after death.	0	EGREE				22c. D	DATE SIGNED
toch toch P De	7.3		Anth.	1 7/1	with,	M.	/	ATTENDING _	MEDICAL	STAFF	,	1-14-0
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should be with the St			DOROTHY	C. MOL	IWORTH,	M.D.	309	11mmon	15 St.	NOW	HILL,	MD. 21
E 5 € 3 ₹-		23a. E	URIAL, CREMATION, REMOVA	L 23b. DATE	23с.	NAME OF CE	METERY OR	CREMATORY	23d. LOCATIO)N	501115	
RP.		(Removal	6/15/	/81				CITY OR TO	AA Le	COUNTY	STA

Balto., Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

20 DATE OF DEATH MONTH

